

PART B - FEE(S) TRANSMITTAL

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64770 7590 10/11/2011

Monkus McCluskey, LLC
1001 Warrenville Road, Suite 500
Lisle, IL 60532

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I hereby certify that this correspondence is being transmitted via the USPTO electronic filing system in accordance with 37 CFR §1.6(a)(4) on January 6, 2012.

Patricia Romanelli	(Depositor's name)
/Patricia Romanelli/	(Signature)
January 6, 2012	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/595,378	11/27/2006	David Keith James	305832-01003	8440

TITLE OF INVENTION: FETAL SURVEILLANCE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1740	\$300	\$0	\$2040	01/11/2012

EXAMINER	ART UNIT	CLASS-SUBCLASS
LAVERT, NICOLE F	3762	600-509000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1. <u>Momkus McCluskey, LLC</u>
<input checked="" type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		2. <u>Jefferson Perkins</u>
<input checked="" type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Monica Healthcare Limited

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Nottingham, GB

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
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A check is enclosed.
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 503982 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Jefferson Perkins/

Date January 6, 2012

Typed or printed name Jefferson Perkins

Registration No. 31,407

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